| PATENT APPLICATION FEE DETERMINATION RECOR   |  |   |              |                               |                              |                  |    |                 | C        | 9                      |          | 139.                | 52                     |
|--|--|---|--------------|-------------------------------|------------------------------|------------------|----|-----------------|----------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                               |                              |                  |    | SMALL<br>TYPE   | EN       | <del>TITY</del><br>□   | OR       | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS   |  |   | 2            |                               |                              |                  | 1  | RATE            |          | FEE                    | 1        | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED |                               | NUMBER EXTRA                 |                  | '  | BASIC F         | ΈE       | 355.00                 | OR       | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 minus 20=  |                               | •                            |                  |    | X\$ 9=          |          |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | j minus 3 =  |                               | -                            |                  |    | X40=            |          |                        | OR       | X80=                |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT       |                               |                              |                  |    | +135            | _        | -                      | 1        | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |                               |                              |                  |    | TOTA            | 4        | 395-                   | OR<br>OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  |  |   |              |                               |                              |                  |    |                 | - I      | 271                    | ION      | OTHER               | THAN                   |
|  | (Column 1) (Column 2) (Column 3)   |   |              |                               |                              |                  |    |                 | LE       | NTITY                  | OR       | SMALL               |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |    | RATE            |          | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · le                                      | Minus        | Ó                             |                              | =                |    | X\$ 9:          | =        |                        | OR       | X\$18=              |                        |
|  | Independent  | · j                                       | Minus        | ***                           | <u>3_</u>                    | =                |    | X40=            |          |                        | OR       | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |              |                               |                              |                  |    | +135            |          |                        | OR       | +270=               |                        |
|  |  |   |              |                               |                              |                  |    | TØT<br>ADDIT. F | AL<br>EE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                |              |                               | mn 2)_                       | (Column 3)       |    |                 |          |                        |          |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE            | =        | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus        | **                            |                              | =                | 1  | X\$ 9           | =        |                        | OR       | X\$18=              |                        |
|  | Independent  | NTATION OF M                              | Minus        | ENDEN                         | T CL AINA                    | =                | -  | X40=            | =        |                        | OR       | X80=                |                        |
| <u> </u>   | FIRST PRESE  | NIATION OF MI                             | JETIPLE DEF  | CINDEIN                       | COAIIVI                      |                  | J  | +135            | =        | <del>-</del>           | OR       | +270=               |                        |
|  |  |   | BES          | A T                           | VAIL                         | ABLE (           | ~( | ADV.            | FEE      |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                | ,            | (Colu                         | mn 2)                        | (Column 3)       |    | <b>71</b> 1.    |          |                        | _        |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATI            | Ξ .      | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus        | **                            |                              | =                |    | X\$ 9           | =        |                        | OR       | X\$18=              |                        |
|  | Independent  |   | Minus        | ***                           | T C) AIN                     | ]=               | 4  | X40=            | =        |                        | OR       | X80=                |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                              |                  |    | +135            | _        | _ "                    | OR       | +270=               |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |  |   |              |                               |                              |                  |    |                 |          |                        | OR       | TOTAL               |                        |
| ***  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                              |                  |    |                 |          |                        |          |                     |                        |